



I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual
Or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if applicable)

Clearly Print Individual or Corporate Name

Clearly Print Name of Corporate Officer

Name of Business: _____

OR

Social Security Number (Voluntary)

Federal Identification Number

YOU MUST USE ONE OR THE OTHER- PLEASE DO NOT LEAVE BLANK

This license will not be issued unless the applicant signs this certification clause.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have net tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c.62C § 49A.



Building And Promoting A Healthy Community